

Florida's Citizens Medical Committee on Health

RECOMMENDATIONS

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RECOMMENDATIONS for strengthening health programs and services in the State of Florida were submitted to the Governor by a Citizens Medical Committee on Health in January 1959. The committee was appointed by the Governor in April 1958 at the suggestion of the State medical association. It had 22 members, 18 of whom were physicians, all but 3 in private practice. There were two legislators, a hospital administrator, and the executive secretary of the State medical society.

Including meetings of the four subcommittees, there were seven sessions, all with virtually a 100 percent attendance. A variety of detailed studies were outlined by the committee and conducted with the aid of a designated staff. The recommendations were evolved by subcommittees and as revised had the unanimous approval of the committee as a whole.

It is practicable here only to outline the nature of the studies and of the recommendations. For those with particular interest, a limited supply of the published report is available from the State health officer, Jacksonville, Fla.

Chronically Ill and Aged

One subcommittee directed its attention to the medical care of indigents with chronic diseases and to the health and care of the aging.

As an example of studies conducted, there was a complete survey of all inmates of nursing homes and of the nature of the care available in these homes. There was a study of 8,474 representative hospital admissions and of 1,590 patients who remained in general hospitals for 15 days or more. Outpatient services currently available in the State and the nature and distribution of available ancillary home care services were examined. These studies resulted in nine recommendations which began as follows:

"Though this committee has directed its attention predominantly to provision of medical care to the chronically ill and aged, it recognizes and emphasizes the importance of health promotion . . . [It encourages] a wider and specialized interest by medical practitioners and health officers in the health needs of the aged." The recommendations continue:

"In this country it is accepted that the responsibility for medical care rests properly with the individual and family, with services provided by freely selected physicians. An essential element of this plan is prepayment and distribution of costs through voluntary insurance. . . . It is, therefore, recommended that through every practicable channel the medical

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societies and official agencies encourage the development and promote the use of voluntary medical and hospital insurance which will extend benefits to the aged and cover other than short-term illnesses. . . .”

There was a long and detailed recommendation pertaining to the development of ancillary home care service. It was recognized that insofar as practicable the aged and those with chronic diseases should be cared for in the familiar environment of the home. The recommendation emphasized the responsibility of both the official and voluntary health agencies in developing and providing home nursing and rehabilitative services.

Individual recommendations pertained to the provision of outpatient care of chronic diseases, to the improvement of nursing home care, and to the provision of hospitalization for the indigent. These recommendations were designed to meet specific needs revealed through the studies of the committee, and the methods recommended involved extensions or modifications of programs now in effect in the State. There were some original approaches; for example, the recommendation “that a conference of church leaders be convened by the Governor to explore and define the responsibility of Florida’s churches in providing services to the aged.” Specific recommendations as to the respective roles of the State board of health and the State department of public welfare in the provision of medical care were offered. The committee held the opinion that the responsibility for the administration of programs of medical care should be in the hands of the medically directed department. Cooperative planning to this end was urged.

One recommendation clearly revealed the broad outlook of this committee: “It is the guiding conviction of this committee that responsibility for the health and medical care of the indigent should be centered as close as practicable to those to be served.” The committee discussed tax sources which would permit the State and the local community “to plan and support medical and health services in accordance with programs evolved by the State to best meet its needs.” It mentioned the possibility that the social security program might permit States to combine the present programs for

medical care to the categorically indigent into a single medical program administered by a single health agency.

State Agencies

A second subcommittee gave detailed attention to the medical and health services provided by the various State agencies. The purpose was to reveal any unnecessary overlapping of activities or any deficiencies and to consider possible improvements in plans for the administration of all State medical and health programs. In the main this subcommittee offered a commendatory report with helpful suggestions. It stated:

“The committee is favorably impressed with the variety and amount of needed medical and health services provided through official agencies to the people of Florida. They commended the agencies for the generally smooth and effective cooperative relationships. There is no significant amount of overlapping or duplication of services at State level. With a program distributed through 13 agencies there could be obvious imbalance but this was not evident. Despite these generally favorable observations, it also is clear that there are possibilities for improvement in organization and in operations.”

A general recommendation of the committee was that in future planning any wider dispersion of medical and health responsibilities should be avoided. Future development should be in the direction of consolidation. Two specific recommendations dealt with tuberculosis; one pertained to medical care in the State prison system, and another emphasized the urgent need for improved facilities for the institutional care of the mentally ill, particularly for the care of psychotic children.

The committee expressed dissatisfaction with the diverse nature of plans for the provision of hospital and medical care to eligible individuals at State expense. It was their hope that similar procedures could be evolved in programs for the provision of medical care to the categorically indigent, the medically indigent, crippled children, those being assisted through vocational rehabilitation, and others provided care at the taxpayers’ expense. Attention was

given to the school health program, which they considered appropriate and satisfactory, and to the urgent need of increasing activity in accident prevention. Three recommendations are of such interest to public health that they are reported in the words of the committee:

"While fully acknowledging the necessity and importance of public welfare the committee is gravely concerned with the seeming lack of any defined limits to the activities of welfare agencies. Any worthy project can be conducted in the interest of public welfare. This committee is convinced that health and welfare agencies have different and distinctive missions and that there must be a proper assignment of responsibility and authority, particularly for medical and health services. The committee holds that services provided by the medical professions and particularly for medical care in or out of the hospitals should be the responsibility of medically directed organizations. It is to be emphasized that in these activities a close working association with the medical professions must be established and maintained, and that medical judgments are essential for sound administration. While the detailed planning of inter-agency relationships is beyond the scope of this committee's activities, it does recommend further study and consultation by the agencies involved to define areas of responsibility for medical and health problems in the public welfare, public health, and in other State agencies. This is considered essential as a basis for sound and productive cooperative working relationships.

"While there is at State level a dispersion of responsibility for broad medical and health problems, this committee holds strongly that at the local level there should be a consolidation of all community health programs for the protection and promotion of health, physical and mental. It is noted with satisfaction that the department of education and the board of health through joint planning have evolved commendable plans whereby the county health departments give the health services needed in the school health program. It is recommended that other agencies, particularly the Crippled Children's Commission, the Council for the

Blind, the Industrial Commission, and the alcoholic rehabilitation program, consider comparable programs. In the opinion of this committee, the county health departments should be so strengthened that local health services needed by various State agencies could be provided through sound cooperative planning and action. In view of the costs of travel and the maintaining of multiple regional offices, the committee is satisfied that the recommended consolidated activity at the local level will result in savings and in increased efficiency.

"It is recognized that the present sound pilot programs for the treatment and prevention of alcoholic addiction are designed to evolve effective measures which eventually may be applied on a county or community basis. Since the future hope is for effective prevention it is recommended to this end that consideration be given to developing at an early date a local pilot preventive program incorporated as a part of the activities of some selected county health department."

Other Recommendations

The study of the voluntary health agencies was revealing. It had not been appreciated that the income provided voluntarily by the citizens of the State for health programs materially exceeded the total appropriations from all counties for public health work. While the committee recognized the importance of the work of voluntary health agencies, it appeared to them that activities would be more productive with effective coordination among the voluntary health agencies themselves and with closer cooperation with the professional societies and public health bodies. There was concern with the multiplication of voluntary health agencies, and it was recommended that for the protection of the public's investment and the favorable reputation of the agencies some appropriate registration and some public accounting and reporting be required.

Attention was given also to possible means for attaining a more effective distribution of medically trained and ancillary personnel.

Concerning one of the newest health problems, it was recommended that a medical committee on radiological safety, a majority of

whose members would be qualified radiologists, be designated to serve in an advisory capacity.

Conclusion

These broad and comprehensive recommendations are of particular significance since they come from what is usually considered to be a rather conservative professional group. It is

a source of gratification that a representative group of practicing physicians in Florida who were appointed by the Governor in response to a suggestion of our State medical association committed themselves to such a liberal and progressive public health program. It is expected and believed that their recommendations will be given serious consideration in the months and years ahead.

PHS exhibit

The Migrant Worker

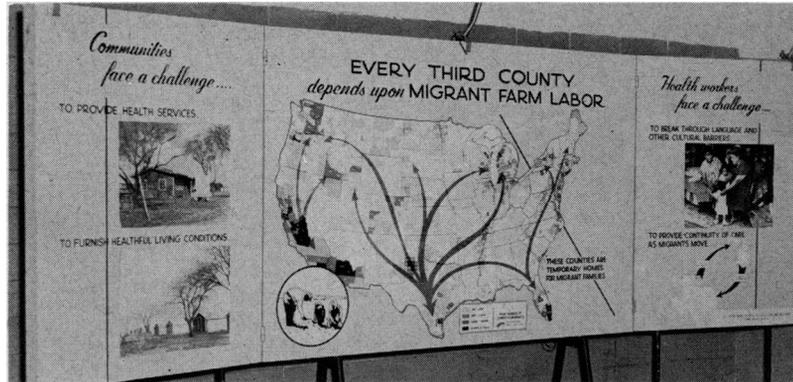
Information supplied through this new Public Health Service exhibit on migrant workers is designed to encourage organized community effort in meeting the health problems of domestic agricultural migrants on a continuing basis.

The exhibit emphasizes the challenge to communities of providing adequate housing and health care as well as the challenge to health workers in overcoming language and

other cultural barriers to communication with migrants, and in developing methods of providing continuity of services as they move.

Designed for display at national, regional, and State conferences, and other places where interested people gather, the exhibit is available for loan without charge, exclusive of shipping charges.

Further information, including arrangements for borrowing, can be obtained from the Program Development Branch, Division of General Health Services, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25, D.C.



Specifications: A 3-panel exhibit on legs, 7 feet high, total weight 375 lbs., including the packing crate; center panel 4 by 6 feet; each of the side panels, 4 by 3 feet, attached to the center by hinges. Lighting fixtures are attached to the panels at the top, and the three 300-watt reflector floodlights can be connected with a single outlet.